

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: 44158/244344 (SJ-0029)

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Inventors: Schuetz et al.

Serial No.: 09/974,619

JAN 26 2005

Filing Date: October 10, 2001

Examiner: Johannsen, Diana B.

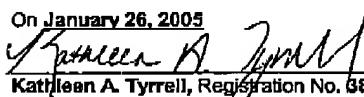
Group Art Unit: 1634

Title: Genotyping Assay to Predict CYP3A5
Phenotype

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On January 26, 2005


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Dear Sir:

SUPPLEMENTAL AMENDMENT

Please enter the following amendments and remarks into the
record.

Amendments to the Specification begin on page 2.

Remarks begin on page 13.

FACSIMILE COVER SHEET

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TO: Examiner Johannsen (TC1600)

GROUP: 1634

FAX NUMBER: 571-273-8300

ATTORNEY DOCKET NO.: SJ-0029

SERIAL NO.: 09/974,619

FILED: October 10, 2001

NUMBER OF PAGES: 16

MESSAGE: Attached please find Amendment Transmittal Letter; Supplemental Amendment; and Certificate of Transmission by Facsimile.

Kathleen A. Tyrrell, Registration No. 38,350

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Applicant(s): Schuetz et al.

Docket No.

SJ-0029

Application No.
09/974,619Filing Date
October 10, 2001Examiner
Johannsen, Diana B.Group Art Unit
1634

Invention: GENOTYPING ASSAY TO PREDICT CYP3A5 PHENOTYPE

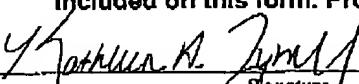
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AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. SJ-0029	
Applicant(s): Schuetz et al.					
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
09/974,619	October 10, 2001	Diana B. Johannsen	31949	1634	8446
Invention: GENOTYPING ASSAY TO PREDICT CYP3A5 PHENOTYPE					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	41 -	47 =	0	x \$9.00	\$0.00
INDEP. CLAIMS	8 -	12 =	0	x \$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 <i>Kathleen A. Tyrrell</i> <i>Signature</i>			Dated: January 26, 2005		
Kathleen A. Tyrrell, Reg. No. 38,350			I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ <i>(Date)</i>		
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